SHELTERED VILLAGE RIPON FDD

1002 EUREKA ST

RIPON 54971 Phone: (920) 748-6252		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	60	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/04):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	50	Average Daily Census:	52

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	0.0
Supp. Home Care-Personal Care	No					1 - 4 Years	30.0
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	82.0	More Than 4 Years	70.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	12.0		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	6.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	0.0	65 & Over	18.0		
Transportation	No	Cerebrovascular	0.0			RNs	7.2
Referral Service	No	Diabetes	0.0	Gender	왕	LPNs	12.8
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	58.0	Aides, & Orderlies	47.4
Mentally Ill	No			Female	42.0		
Provide Day Programming for	ĺ		100.0	İ			
Developmentally Disabled	Yes			İ	100.0		
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				50	100.0	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	50	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		50	100.0		0	0.0		0	0.0		0	0.0		0	0.0		50	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Conditi	ions, Services	, and Activities as of 12	2/31/04		
Deaths During Reporting Period									
					% Needing		Total		
Percent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of		
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents		
Private Home/With Home Health	0.0	Bathing	0.0		26.0	74.0	50		
Other Nursing Homes	0.0	Dressing	18.0		20.0	62.0	50		
Acute Care Hospitals	100.0	Transferring	32.0		36.0	32.0	50		
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.0		40.0	44.0	50		
Rehabilitation Hospitals	0.0	Eating	42.0		24.0	34.0	50		
Other Locations	0.0	*******	**************************						
Total Number of Admissions	1	Continence		%	Special Trea	tments	%		
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving	Respiratory Care	0.0		
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	44.0	Receiving	Tracheostomy Care	0.0		
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	30.0	Receiving	Suctioning	0.0		
Other Nursing Homes	0.0				Receiving	Ostomy Care	2.0		
Acute Care Hospitals	25.0	Mobility			Receiving	Tube Feeding	6.0		
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	36.0	Receiving	Mechanically Altered Diet	s 62.0		
Rehabilitation Hospitals	0.0								
Other Locations	25.0	Skin Care			Other Reside	nt Characteristics			
Deaths	50.0	With Pressure Sores		0.0	Have Advan	ce Directives	100.0		
Total Number of Discharges		With Rashes		0.0	Medications				
(Including Deaths)	4	İ			Receiving	Psychoactive Drugs	48.0		
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Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This	I	FDD		All
	Facility	Fac	cilities	Fac	ilties
	%	8	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.7	93.1	0.93	88.8	0.98
Current Residents from In-County	38.0	35.3	1.08	77.4	0.49
Admissions from In-County, Still Residing	0.0	11.4	0.00	19.4	0.00
Admissions/Average Daily Census	1.9	20.4	0.09	146.5	0.01
Discharges/Average Daily Census	7.7	28.3	0.27	148.0	0.05
Discharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00
Residents Aged 65 and Older	18.0	16.0	1.12	87.9	0.20
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00
Impaired ADL (Mean)*	64.0	55.0	1.16	49.4	1.30
Psychological Problems	48.0	48.1	1.00	57.7	0.83
Nursing Care Required (Mean)*	8.8	10.7	0.81	7.4	1.18